Exact statement

properly classified.

certificate.

DEATH in plain terms, so See instructions on back of

Important.

N. B.

Fited Mari 1916

1 PLACE OF DEATH

2254

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;Wa	ard)
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[If death occurred in a hospital or institution, give its NAME instead

ADDRESS

	FULL NAME / Benjamin W	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male While Single, Married, Widowed, Widowed, Widowed, Without (Write the word)	16 DATE OF DEATH 2 /6 ,1915 (Month) (Day (Year)
	Month) (Day (Year)	that I last saw he alive on Feb 16, 1915.
(1	TT yrs 2 mos 12. ds. or min.? OCCUPATION 1) Trade, profession, or Farmer strictle kind of work	and that death occurred on the date atated above, at
(b bu wi) General nature of industry, siness, or establishment in nich employed (or employer) IRTHPLACE (State or country) Mansland	Contributory Elcule Enterior Secondary
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) May and. 12 MAIDEN NAME OF THE OF THE OF THE OF MOTHER OF THE OF MOTHER OF THE	(Signed)
Р	13 BIRTHPLACE OF MOTHER (State or country) Maryland. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Derwy Celemet.	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the . of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If nof at place of death? Former or usual residence.
16	(Address) Dougrouvelly lug	Pellomile Gueled Fiel 18 112

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the klud of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., Carcin-"Croup";) sTyphoid fever (never report "Typhoid ("Pneumonia," fever (the only definite synonym is "Epidemie cercterm for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of unqualified, is indefinite): Tubercu-

the certificate is permanently filed. ture of the American Medical Association.) "Contributory." BUREAU, V.S. なければいいけど MAR 4 1915

getter under "winte "muy 4, 141)

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

1 PLACE OF DEATH

Vii	llage or City Germuliam (No.	Registration Dist. No. 7
VIII	FULL NAME Kullurine Ele	St.; Ward) a hospital or insigned its NAME of street and nur
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Lemele While Single, warreled, words	16 DATE OF DEATH (Month) (Day (Y) 17 I HEREBY CERTIFY, That I attended decease
6 D	Musch 25°, 1860 (Month) (Day (Year)	that I last saw h ex alive on February
7 A	(2002)	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
100	Consuel nature of I dusting	
bus	General nature of Industry, siness, or establishment in sich employed (or employer) IRTHPLACE (State or country) 7	Contributory Eulocaudics Secondary
bus	siness, or establishment in Beauto of Votes Huh	Contributory Endocardets
S B B B B B B B B B B B B B B B B B B B	siness, or establishment in Beauto of Votes Glab IRTHPLACE (State or country) 10 NAME OF	Contributory Endocated Secondary (Ouration) yrs. 6 mos. = (Signed) A Moren (Address) Danconnell
S L N	Siness, or establishment in Beauty of the glab IRTHPLACE (State or country) 10 NAME OF FATHER Andrew Hull Bather 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Amil Bolland 12 MAIDEN NAME OF MOTHER Amil Bolland	(Signed) (Guration) yrs (mos. — (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address)
PARENTS WW	IRTHPLACE (State or country) 10 NAME OF FATHER Audiew Hull Baker 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AUGUST BERTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MOTHER (State or country)	Contributory Secondary (Buration) (Signed) *State the Disease Causing Death, or, in deaths from V Causer, state (1) Means of Injury; and (2) whether ac TAL, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Tran or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. Where wes disease contrected, If not et place of death? Former or
PARENTS WW	10 NAME OF FATHER Audiew Hull Baker OF FATHER (State or country) Wary and 12 MAIDEN NAME OF MOTHER (State or country) Wary and 13 BIRTHPLACE OF MOTHER (State or country) Wary and 13 BIRTHPLACE OF MOTHER (State or country) Wary and 13 BIRTHPLACE OF MOTHER (State or country) Wary and 13 BIRTHPLACE OF MOTHER (State or country) Wary and 14 BIRTHPLACE OF MOTHER (State or country) Wary and 15 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) (Ouration) yrs mos (Signed) yrs mos (Signed) yrs mos (Signed) yrs mos (Ouration) yrs

2255

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., Catherical Carteria (avoid definite): Tubercu-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eaugh; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of.... injury, as fracture of skull, and consequences (c. g., Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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OCCUPATION

F. B. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred is St.;....Ward) a hospital or Institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWED. (Year) Write the word) I HEREBY CERTIFY, That I stiended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. ____ of death yrs. mos. Where was disease contracted. OF KNOWLEDGE if not at place of death?... Former or usual residence.. PARE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

N. B.

	for 6. 4 8 A	
1 PLACE OF DEATH	STATE OF MAI	RYLAND
Wi to	CERTIFICATE O	F DEATH
County Houly owny		1/2
most 1/	Registration Dis	it. No.
Village or City Walwood (No	St.;Ward)	[If death occurred in a hospital or institution,
FULL NAME Secunda 13	Bran	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH Tely	2 4 th , 1915 (Day (Year)
Franch White (Write the word)	17 I HEREBY CERTIFY, That	
6 DATE OF BIRTH	A seconder 1912 to fil	
(Month) (Day (Year)	that I last saw had alive on The	1 2 2 3 1915
7 AGE (Month) (Day (Year)		-1
t day,hrs.	and that death occurred on the mate stated	above, at m
yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:	1
BOCCUPATION	Chan's Klam	011.90
(a) Trade, profession, or particular kind of work	N. K. Landerton	Time
(b) General nature of industry.	Mypostalie Cong	esicon
business, or establishment in which employed (or employer)	(Duration)	yrs. mos. 7 ds.
9 BIRTHPLACE (State or country)	Contributory Kerni plus	
10 NAME OF Solids Thousand	(Signed) (Duration)	mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Fich Mais (Address) Res	Kville
12 MAIDEN NAME Shi alath Diehette	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.	id (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	At place In the desired was the state of death and the state of deat	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State	yrs, ds
(interment) Paiss Margaret Bean	If not at place of death?	
(minimality)	usual residence	
(Address) Al Ordvorg Ald	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	20 UNDERTAKER	ADDRESS /
Filed	0/1/0/1/1	TOURESS !

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Mcastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for



state Very

PHYSICIANS should

RECORD

PERMANENT stated EXACTLY.

AGE should be

carefully supplied.

of information should be

CAUSE OF

N.B.

Exact statement of OCCUPATION is

UNFADING INK-THIS IS PLAINLY, WITH WRITE

DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

1 PLACE OF DEATH

County Mooulgouvery
Village or City Sandy Spring (No.



2258

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

-Ward)

[If death occorred in a hospital or institution, give Its NAME Instead of street and nomber.]

Elizabeth Billows

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Females Colored Single, Married Orbitation (Write the word)	16 DATE OF DEATH Fel- 9 cla , 1915 (Month) (Day (Year)
(Month) (Day (Year)	Dec, 3/ st 1914, to Feb. 9 th 1915. that I lest saw here alive on Feel. 9 th 1915.
TAGE If LESS than f day,hrs. OCCUPATION (a) Trade, profession, or particular kind of work. **Cousewefe.** **Cousewefe.** **Cousewefe.** **Description** **Cousewefe.** **Description** **Cousewefe.** **Description** **The cousewefe.** **Description** **The cousewefe.** **Description** **Description** **The cousewefe.** **Description** **Des	and that death occurred on the date stated above, at 12,20 Pm. The CAUSE OF DEATH* was as follows: Typilorid Fever and Paramblymolar Nephrilis
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (bracueg) Secondary
Moulgowery Co., Med. 10 NAME OF FATHER William Bowie 11 BIRTHPLACE OF FATHER (State or country) Moulg. Co., Med. 12 MAIDEN NAME OF MOTHER Clinabell Bowie 13 BIRTHPLACE OF MOTHER (State or country) Moulg. Co., Med.	(Signed) Such Forgular) , M. D. 9, -9 -, 1917. (Address) Cling Means of Industry and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Lewis W. Hell (Address) Landy Lyring, Med	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Phorfe Street Countery 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuderculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Aeeidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BULLLAU, V. S.

No.

be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 UNFADING INK-THIS carefully supplied. AGE that it may be proper Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE PLAINLY, WITH ż

1		2259
	1 PLACE OF DEATH	STATE OF MARYLAND
County	muity (CERTIFICATE OF DEATH
County	244	Registration Dist. No. 2/5
Village	or City Danieston No.	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Junamed bale	y (Still bow) By give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, OROJOGEO (Write the word)	18 DATE OF DEATH About 2 3 , 1915 (Month) (Day) (Year)
8-1		17 I HEREBY CERTIFY, That I attended deceased from
DATE	(Month) (Day) (Year)	that I last saw h alive on
7 AGE	if LESS than t day,hrs.	and that death occurred on the date stated above, at
particular (b) Gener business,	ATION , profession, or kind of work	(Duration) yrs. mos. ds.
9 BIRTHI (State of	PLACE or country) in a Darnestin. Ud.	Gontributory (Secondary) (Duration) yrs mos ds.
10 %	NAME OF WY Brown.	(Signed) M. D. Drown, M. D.
ENTS	OF FATHER (State or country) Westly Co. Wd.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
2 12 MAIDEN NAME Clegabelli Campbell		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
13 _B	BIRTHPLACE OF MOTHER tate or country) Maryland.	At place In the ot death yrs, mos, ds. State yrs, mos, ds
14THE A	TRANS, Elegabeth Brown	Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) N.J. D#2 Germant (4)	Rebury Church Kulfe 1 2/17, 1917
Filed 2	2 18 1915 letteroure Ins	aley, J. Curliste Gaithersburg

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, I; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons 9

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ "Contributory." "Keart failure," "Haemorrhage," "Inanition," "Maras er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD

County...

	2260
1 PLACE OF DEATH	AAUU
County Mont gomery	79)
Village or City Dickers ow (No.	
* FULL NAME NEWY Bussaid	4

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

....St;.....Ward)

[It death occorred in a hospital or institution, give its NAME instead of street and number.]

* FULL NAME Themy Bussire	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule What OF BIRTH	16 DATE OF DEATH Jely (Molith) (Day) (Year) 17 Li HEREBY GERTIFY, That I attanded deceased from
	that I last saw h failve on fleath 191
7 AGE 7 8 yrs. / mos. 2 8 ds. If LESS than f day,	and that death occurred on the data atsted above, at 5 4 m. The CAUSE OF DEATH* was as follows:
a) Trade, protession, or None of fresent - particular kind of work -	Valvulan Read Desease. (2)
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Boration) lugislumment ds.
9 BIRTHPLACE (State or country)	(Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Cred wret Stune , M. D. 193 , 1915 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MA	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds.
(Informant) Urs Ruy Brosart	Where was disease contracted, It not at place ot death?————————————————————————————————————
Filed Feb. 215, 1915 J. M. White REGISTRAR	Date of Burial OR REMOVAL Date of Burial Dickerson Md. Date of Burial This 27, 191 20 UNDERTAKER ADDRESS Date of Burial Address Address Date of Burial Address
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman; If the occupation bas Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutossis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant ncopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ___ ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mally The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

Exact statement

Every Item of information should be carefully supplied. AGE should be s CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

CAUSE OF

RECORD

A PERMANENT stated EXACTLY.

1 PLACE OF DEATH

2261

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.	,	Wa	rd)
1/-			

[If deeth occurred in a hospital or institution, give its NAME instead

²FULL NAME	Maney
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Naly COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Z, 1914 (Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h allve on 7 7 1917
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	A CARRELLAND
(b) General nature of industry, business, or establishment in which amployed (or amployer)	(Duration)yrsmosds.
BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF ELIPSE Chances	(Signed) Ouration yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Calland Death of the County
12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place in the of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) There Granly	Former or usual residence
(Address) lealasten of Jal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 777, 191 CROUT	20 UNDERTAKER ADDRESS
REGISTRAR	ister, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

Village or City Chury Chury (No.7).	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 775. [If death accurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE (Month) (Day (Year) If LESS than t day,hrs. ORmin.?	that I last saw have slive on Fa 7-24 1915 and that desth occurred on the date stated above, at 10 2m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	followed by and Commence (Doration) yrs mos 20.ds.
9 BIRTHPLACE (State or country) / Charles of FATHER Grall Clark	Contributory Secondary (Duration) yrs mos ds (Signed) JA Poole MA, M.D. 191 (Address) Shill Command
11 BIRTHPLACE OF FATHER (State or country New York 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 10 MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the gf death yrs, mos, ds.
(Informant) L. Cheny Clark, 16 Filed Fuls, 27, 191. There K. Cheny Clark, 1918 There K. Cheny Clark, 1918 There is the Contract of the Contrac	Where was disease contracted, If not at place of death? Former or usual residence. 1º PLACE OF BURIAL OR REMOVAL Urbrigton Mar Quettry, Va. 2º UN DERTAKER ADDRESS a OPE.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



PHYSICIANS PERMANENT ciassi should Properly AGE supplied. be may terms. plain information 2 EATH

certificate.

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instructions

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OF Every Item CAUSE OF Important.

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RECORD

OCCUPATION

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. Cal (Month) (Dav ORDIVORCED (Write the word) CERTIFY, That I attended deceased from 6 DATE OF BIRTH 2 (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or V CRAP particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the _____ yrs. ____ mos. State 14 THE ABOVE IS TRUE Where was disease contracted. If nof at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 11220 DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BUREAU, V.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collanse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sareoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully sur DEATH in plain terms, so that it mi See instructions on back of certificate.

N. B.—Every Item o CAUSE OF I

1	PLACE	OF	DEATH
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2265

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

lif death occurred in a hospital or institution give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on P. S. 6 1915.	
7 AGE 1 If LESS than 1 day,hrs. 0 R min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in	Prabysis	
which employed (or employer) BIRTHPLACE (State or country) Manual Manual	Contributory Secondary	
10 NAME OF FATHER Charles Clay 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)	
12 MAIDEN NAME OF MOTHER CIPEL Smooth	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients on Recent Residents) At place in the of death yrs mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dates alchem	Where was disease contracted, If not at place of death? Former or usual residence.	
(Address) Scathening my 16 Flied Pole 6, 1915 G. D. Elehum m. W	muntganing Chapil Pel & 1915	
FIICU. J. S. C. S.		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Loeomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Village or City Amin Austry (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 29 St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR, OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1915) that I last aaw h malive on 1915 and that death occurred on the date atated above, at 7 The CAUSE OF DEATH* was as follows: (Duration) (Duration) (Something of the date o
10 NAME OF FATHER AND HANDER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Secondary (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at piece of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS, ALL CHIMALMS ALOR BURIAL ADDRESS,

If more blanks are preded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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County Smorta 90	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/3
Village or City Krokville (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX, 4 COLOR OR RAGE 5 BINGLE,	MEDICAL GERTIFICATE OF DEATH
DATE OF BIRTH MARRIED, Smyll WIDOWED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191. 1, to 191. 5,
(Month) (Day (Year) 7 AGE If LESS than day, hrs. OR min. ?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 5 ds.
9 B!RTHPLACE (State or country) 10 NAME OF FATHER 1 NAME OF STATES AND STAT	Contributory Secondary (Qoration) yrs mos ds. (Signed) About 193
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of deathyrs,mos,ds Where was disease contracted.
(Informant) Author Plays (Address) Ruckoulk Stad	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Art. Grand Jan. 1915
Filed, 191	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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BINDING FOR RESERVED MARGIN

S. No. 1.

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PHYSICIANS should state of OCCUPATION is very PHYSICIANS RECORD Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS Every item of information should be CAUSE OF DEATH in plain terms, se

2268 PLACE OF DEATH

STATE OF MARYLAND

County //m/gig.	CERTIFICATE OF DEATH Registration Dist. No. 26
Village or City Surredu Defino. 100 100 100 100 100 100 100 100 100 10	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 227-15, 191
2.27-/5, (Month) (Day (Year)	Mouth, 191 to 191 that I last saw h alive on 2-27-15 191
7 AGE 9 hows, If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) British, Md	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER OF FATHER OF FATHER OF STATE OF COUNTRY) OF STATE OF COUNTRY OF STATE	(Signed) // Moultin, M.D. 2-28-15 191 (Address) Bethela haf
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Assase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) John Rush (Address) Britisha Md,	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	World Green Geneling Jest Mar 1, 191. 15 29 UNDERTAKER ADDRESS
Filed191	ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchomeumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcine

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senlle," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"



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PHYSICIANS show

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1 PLACE OF DEATH	and the second second second
County Troutgomery	(7)
Village or City Takoma Park (N	o

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 223

St: Ward)

[It death occurred in a hospital or institution, give its NAME instead

	² FULL NAM	1E	Hanna	Knowels	Lewis	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS				ARS	MEDICAL CERTIFICA	TE OF DEATH
-	Female White Single, White Widoweo, Widow (Write the word)			18, 1915 htth) (Day) (Year)		
6 D	ATE OF BIRTH	Augus		, 181 (Year)	that I last saw her alive on Fe	cebruary 18, 1914
7 A	ge 97	6	mos. 7 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date The CAUSE OF DEATH* was as follo	stated above, at 9 a.m
(a pa	CCUPATION) Trade, profession, or rticular kind of work		88 * 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		myosuruus	
bus) General nature of Industr siness, or establishment lich employed (or employer)	in None		,		n) yrs
	IRTHPLACE state or country)	New :	York		(Secondary)	on) yrs., mos. / ds
	10 NAME OF FATHER	E11 J	Knowels		(Signed) Se With Co. Ch.	edinsk , N. D
STN	11 BIRTHPLACE OF FATHER (State or country) New	York		*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJUE	H, or, In deaths from VIOLENT
PARENT	12 MAIDEN NAME OF MOTHER	Mary	Foster		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSIOR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	Mass	٩		At place of death yrs mos ds.	n the State yrs, mos ds
14-	(Informant) Mrs	E TO THE BES		LEDGE	Where was disease contracted, It not at place of death? Former or usual residence	f
15	(Address)		Park Md.		19 PLACE OF BURIAL OR REMOVAL Congressional Ce	Tiely OO by
FI	led Tel 19 ,1	915. 20	6. E. Ro	gero.	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pncumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carchn

childbirth or miscarriage, as "Purrerral septichae-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accigenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion,"



PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. .. If death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 6 SINGLE, MARRIED, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED (Day) (Month) certificate I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191....., to (Month) (Day) (Year) 7 AGE If LESS than of 1 day, hrs. back OR VIS...... mos.... 8 OCCUPATION tions on (a) Trade, profession, er particular kind of work..... (b) General nature of industry business, or establishment in struci (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 200 10 NAME OF important. 11 BIRTHPLACE PARENT OF FATHER *State the DISFASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER S (State or country) ef deathyrs. ... mes. " should state CAI Where was disease contrasted, 14 THE ABOVE KNOWLEDGE If net et place et death? Fermer er usual residence OATE OF BURIAL 15 20 UNDERTAKER AOORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton Housemoid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form loborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (o) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part But in many cases, (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menia spinal meningitis"); Diphtheria (avoid use of "Croup")
Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia, Cerebrospinal

> on Non enclature of the American Medical Association.) and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uraemia," "Weakness, under the head of "Contributory." (Recommendations head-homicide; Poisoned by corbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. nephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemio," cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. Always qualify all diseases resulting from childby roilway troin-accident; Revolver The contributory (secondary or intereur-State cause for which "Atrophy," "Col-Never report mere nound

Public certificate is looked over thoroughly and all questions.

All the data is essential and must be at the correspondence. the certificate is permanently filed.

MAY 11 1916

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 217 Ilf death occurred in St:Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDDWED, Lugto (Month) ORDIVERCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 191...... to.... (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1273 Pm. f day.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) vrs. mos which employed (or employer) 9 BIRTHPLACE (State or country) Moulg. Bo. Med. 10 NAME OF PARENT *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? usuai residenca. PLACE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore au essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engincer, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for



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10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

OF MOTHER (State or country)

14 THE ABOVENIS TRU

(Informant)

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RLACE OF DEATH

2272state of M	IARY	LAND
CERTIFICATE	OF	DEATH

Registration Dist. No. 2-1/

Ilf death occurred in St:----Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, MARRIED. 1915 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or barticular kind of work (b) General nature of industry, business, or establishment in (Duration) × vrs. × which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory...

	AB Hadde	(Duration)	yrs
(Igned)	MIDHadde	1	

(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS,	TRANSIENTS
At place	In the	

of death _____ yrs. ____ mos. ____ ds.
Where was disease contracted,
If not at place of death?.....

Former or usua! residence.....

1 EW albany Pa.

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State yrs, ____

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DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Butto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." childbirth or miscarriage as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred laWard) a hospital or lastitution. give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, Sully WIDOWED, ORDIVORCED (Write the Word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Buration) _____vrs. ____mos.__ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF OF FATHER (State or country) ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds, State _____ yrs.__ Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death? Former or usual residence CE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synouym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of eause of death approved by Committee on Nomenelamia," "PUERPERAL peritonitis," etc. State eause for ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BURBAU, V.S.

*BURIAL PERMIT OF LOCAL BOARD OF HEALTH. No. C	e/
In the town of Barnesville Country of Montgone	
State of Maryland on the day of Feb	1960
State of Maryland on the day of Feb Fathers Permission is hereby given for Feb Fathers, to remove	for burial
Mr. Ephnianus in the County of Moulgoners	y
water of Miles and adjustant of the miles of	FIREM
who died at Mr. Ephniam County of Moul gone sey, on the G	day of
Feb. 1905 Aged Miscarriage at 2 red months mouth	days.
The cause of death was Mise arriage Signed & Me. White at 2 miles wille Manusville Med	
at and mouthe I Banusville Md	
	d of Health.

. . .



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

County monly omen



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Marie Estille Oland

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVERCEO (Write the Word)	16 DATE OF DEATH 19, 1915 (Month) (Day (Year) 17 I hereby Certify. That I attended deceased from
6 DATE OF BIRTH	210 - 011
may 21, 1893	that I last saw h 22 alive on 734 19 1915
(Month) (Day (Year)	
1 dayhrs.	and that death occurred on the date stated above, at
2 / yrs 5 mos 28 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Loweller Farminana
(a) Trade, protession, or particular kind of work.	***************************************
(b) General nature of industry,	AAAAAAA ******************************
business, or establishment in which employed (or employer)	(Duration)yrsmos// ds.
9 BIRTHPLACE (State or country) Manuland	Secondary
10 NAME OF ()	(Duration)yrsmosds.
FATHER Jacob Kamp	(Signed) , M. D.
O 11 BIRTHPLACE	+31 20, 191 S. (Address) Language saille mant
Z OF FATHER (State or country) Montgomes Co	*State the DISEASE CAUSING DEATH, or, In deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country) Mondgome Co 12 MANAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Ausiela Baker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS) At place lo the
OF MOTHER (State or country) Mondgone	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) & A Ramf-	Former or
1. The sales and	usuai residence.
(Address) Varthersburg Red (TNA)	Roch Crisk Cumles 7
16	
Filed 72/ , 1915 19 18 Pryson	20 UNDERTAKER ADDRESS
REGISTRAR	420 Cochelle Brookulle
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent)



RECORD

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OCCUPATION PHYSICIANS classified. D properly supplied. pe may certificate. 80 50 on back terms, plain instructions 2 EATH Jo a OF Item mportant. Every It.

15 Filed.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 221 Ilf death occurred in nace St .:....Ward) a hospital or institution. give Its NAME Instead ot sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Day ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Dav TAGE If LESS than and that death occurred on the date stated above, at 6 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? Onterities BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory 3 Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State ... Where was disease confracted, If not af place of death?. Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewije, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL poritouitis," etc. State cause for childwirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report "Contributory." by carbotic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



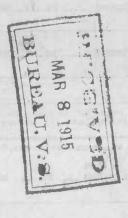
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County har Registration Dist. No. 7 Ilf death occurred lo a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, st ... 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in your (Duration) _____yrs.___ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 7 (3, 191 b. (Address) 2/0/1 our OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths Thu CAUSES. state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ... State ds. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIA 16 20 UNDERTAKER ADDRESS Flied. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of Never report For Vio-



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N.B.

See Instructions on back of certificate.

1	1/PLACE OF DEATH
0	Marta
Cour	111.
Viila	ge or City Daithersburg (No.
	FULL NAME Pay mong
	FULL NAME / CAY MONG

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Ilf death occurred in

FULL NAME Pay Grond &	Clay a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mary 4 COLOR OF BACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	18 DATE OF DEATH July 8th , 19 K5. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day (Year) 1 day,hrs. ORmin ?	that I last saw halive on
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	(Signed) E, H, E. C. M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
(Address) Jathushug Mg (Address) Jathushug Mg (Address) Jathushug Mg REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

2277

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal scptiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular hourt disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	Count	1 PLACE OF DEATH y Mosely Q 2	STATE OF MAR CERTIFICATE OF Registration Dist.	DEATH
	Villag	e or City at lesselle (No	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
	3 SE)	ale Colored Single, Married Married or Divorced (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I atte	(Day), (Year)
	6 DAT	TE OF BIRTH	M Physicism see	alleulseria
		(Month) (Day) (Year)	that I last saw halive on	, 191
	7 AGI	If LESS than 1 day, brs.	and that death occurred on the date sta	ted above, at J. m.
		69 yrs // mos 30 ds. OR mig.?	The CAUSE OF DEATH * was as follows	
	8 00	CUPATION Trade, profession, or	Land July Sulles	
	pari	licular kind of work	Percent	
d	bus	General nature of Industry Iness, or establishment in Ch employed (or employer)	(Ouration) G	yrsmosds.
		RTHPLACE (State or country) Md	Contributory Secondary	vre mas de
		10 NAME OF John & Robinson	(Signed) & 21 Hele	, M. O.
	STNE	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, i CAUSES, state (1) MEANS OF INJURY; and (2)	n deaths from Violent) whether Accimental,
	State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER ALL OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ALL OF MOTHER		SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IT	
0		13 BIRTHPLACE OF MOTHER (State or eountry)	At piace In the of deathyrs	yrsds.
(Informant) Cilipula Cobrissin		D	if not at place of death ? Former or usual residence	,
		(Address) Portesnelle And	19 PLACE OF BURIAL OR REMOVAL	Talaca
3	15 File	Feb 27, 1916 If I I I REGISTRAR	20 UNDERTAKER Paris & Son	ADDRESS Poolenille
)	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Heart failure," "Heenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railwoy train-accident; Revolver wound of to determine definitely. Examples: Aecidental drowning; state means of injury and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puerperal sephichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-ACCIDENTAL, report mere important.



N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RES FOR BINDING RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County Montgomery	CERTIFICATE OF DEATH
	Registration Dist. No. 2/0
Village or Cityman Damaseus (No. , 2 FULL NAME Charles Joseph	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month Month (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
TAGE OBJECT (Month) (Day) (Year) TAGE OR Min.?	that last saw him alive on July 7, 1915, and that death occurred on the date stated above, at 130 mm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer).	Ligistion. (Durallon) (Durallon) (Contributory Malmutulion
(State or country) Dist. of Columbia 10 NAME OF Smith PATHER Harry L. Smith 11 BIRTHPLACE OF FATHER (State or country) California	(Signed) (Oursilon) yrs ds. (Signed) (Signed) (M. O.) (Addrsss) (Addrsss) (M. O.) (State, the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Ola Smith	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of death yrs. mos. ds. Slale, yrs. mos. ds. Where was disees contracted, if not all place of death? Former or usual residence
(Address) R#5 Lauthershurg Md. 15 Filed FM 25, 1915 - DIFFORM	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Who Lebanon Genriery Feb. 25., 1915. 20 UNDERTAKER Burriss Laylowsville, Mod.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2279

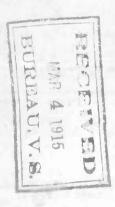
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton write None. state occupation at beginning of illness. taken to report specifically the occupations of persons precise specification as Duy laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, cien, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic ocid-probably Struck by roilway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Akthenia," to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" "Exhaustion," ("Con-



FOR BINDING RESERVED MARGIN

V. S. No. 1.

PERMANENT UNFADING INK-THIS IS WITH PLAINLY,

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WRITE

RECORD

1 PLACE OF DEATH

2280

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

-Ward)

[If death occurred in a hospital or institution, give its NAME instead

	FULL NAME	Jua	udre .	of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 s	M/WI	NGLE, RRIED, DOWED, DIVORCED rite the word)	16 DATE OF DEATH ROLL DE	(Day (Year)
	ATE OF BIRTH 2 - /	(Day (Year)	17 I HEREBY CERTIFY, Tha	
	GE Sheo, hicacaning yrs. mos. GCUPATION	If LESS than f day,hrs.	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
bus	General nature of industry, siness, or establishment in inch employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Mudding	<	Contributory Lunchus Secondary	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF (Informant)	MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
16 Fil	(Address)	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL 2-2-,191 ADDRESS Roseles 2 2

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: miq," "PUEBPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shincAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	Important. See Instructions on back of certificate.
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PARENTS

15

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO THE BEST OF MY KNOWLEDGE

12 MAIDEN NAME OF MOTHER

Village or City Takmutonh (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 223 [If death occurred in a hospital or lostitotion, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOLOR OR RACE SINGLE, MARRIETO, MARRIETO, MITOWARD, OR DIVORCED (Write the word) TAGE Color or race Single, MARRIETO, M	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 27, 1913 that I last saw h & slive on 27, 1913 and that death occurred on the date stated above, at 930 R m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Takoma Park, Md.	Contributory Manual Constant Constant Contributory Manual Constant

usual residence.

(Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the .. yrs. mos. ds. State yrs, Where was disease contracted,

If not at place of death?-Former or

19 PLACE OF BURIAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Cóllapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping eough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inauition," "Marasture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent) State cause for Never report



RECORD

A PERMANENT

N. B.—Every Item CAUSE OF

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state	PLACE OF DEATH	STATE OF MARYLAND
60	County Mont yours	CERTIFICATE OF DEATH
on I	Men	Registration Dist. No. 2/3
OCCUPATION IS	Village or City travelah (No	St.; Ward) [If death occurred lo a hospital or Institution, give its NAME Instead
PHYSICIANS of OCCUPAT	FULL NAME South D.	Of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY t stateme	3 SEX 4 COLOR OR RAGE MARRIES, WIDOWED, WILLOWS	16 DATE OF DEATH File 25 , 1915
e)	Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
. Exa	6 DATE OF BIRTH	24e 1914 to 7126 78, 1915.
e st.	(Month) (Day (Year)	that I last saw h the alive on Fish 28, 1915
Q III	7 AGE If LESS than	and that death occurred on the date stated above, at
should y class	Set 7 1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos ds. OR min.?	(1) 10 11 +
AGE	8 OCCUPATION (a) Trade, profession, or	home Valour exacts
Δ.	particular kind of work.	
bed O	(b) General nature of Industry, business, or establishment in	Widekel (Quration) 2 yrs mas ds
may e.c.	which employed (or employer)	Contributory of Gibbs
Cat ≃ ₹	9 BIRTHPLACE (State or country)	Secondary
that that sertif	10 NAME OF A	(Doration) yrs mos ds.
S C C C	FATHER Plans Steamen	(Signed) Munnar, M. D.
or so	O 11 BIRTHPLACE	TXL 25 1915 (Address) River ville
should term on ba	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
COL Bre all	OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
plai	a susan miller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
In	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
Infor ATH Inst		of death yrs, mos ds. State yrs, mos ds Where was disease contracted
of Inf DEAT See in	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
e lt.	(Informant) Jesus 6 Alvo 6	Former or usual residence
古田草	(Address) Travilah Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CAUS Impor	16	Odomac (md 3-2-, 1915)
	Filed	20 UNDERTAKER ABORESS
	REGISTEAR	1 h d / / mad low & Am & And Brake / hal

If more blanks are needed, address State Registrar, 6 E. Franklin St, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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IS A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

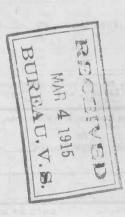
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Marthy	4) 7/1
	Registration Dist. No.
Village or City Tallston (No	St.;—Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANGLY 4 COLOR OR RACE S SINGLE, MARRIED, WIOOWED, WOOD WORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That, I attended deceased from
Month (Day (Year)	that I last saw h alive on
TAGE It LESS than 1 day,hrs. OR. min.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry.	
business, or establishment in which employed (or employer)	(Duration)yrsmasds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Doration) JCS mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIDLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether AccidenTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Interment)	It not at place of death?
(Address) 15 Filed 7 1, 1917 Registrar	PLACE OF BURIAL OR REMOVAL Agailstan 29 UNDERTAKER ADDRESS ALBERTANIA ALB
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligaffection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis mus," "Old Age," "Shock," "Uraemia," "Weakness," mia," "Puerperal peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the mere symptoms or terminal conditions, such as "Aspant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Branchopncumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



S. No. 1.

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DEATH in plain terms, so that it may be properly classified. Exact statement carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS WITH item of information should be Every Item CAUSE OF

See instructions on back of certificate.

Important.

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH

Village or City Martinsburg No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2

-Ward)

Ilf death occurred in a hospital or institution.

FULL NAME Rarie Hon	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Colored (Write the word)	18 DATE OF DEATH HE (Month) (Day (Year)
6 DATE OF BIRTH Guy Tooknow, 1900 (Month) (Day (Year)	that I last saw has alloe on Feb. 1916.
7 AGE 11 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 11. P. m. The CAUSE OF DEATH* was as follows: Confuse Calhering
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Thompson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Dieperson Md. 16 Filed Feb 16, 1915 Ewahile	PLACE OF BURIAL OR REMOVAL Marking July 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Satesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the Insease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "l'UERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronia oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"





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of information should be carefully su DEATH in plain terms, so that it ma See instructions on back of certificate.

FO CAUSE OF Important.

N. B.

WRITE PLAIN

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RECORD

		2285
	1 PLACE OF DEATH	STATE OF MARYLAND
	m 1	CERTIFICATE OF DEATH
Co	ounty Mongomery (2	Registration Dist. No. 221
V	2FULL NAME Louis allen Hr	St.; Ward) [It death occurred to a hospital or Institution, give its NAME Instead of Street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Held 16 , 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Des / // .8//9	Oct. , 1911, to Fely, 16 , 1915.
	(Month) (Day) (Year)	that I last saw hum allve on Jeby 15 1915
7 AC	65 yrs. 2 mos. 5 ds. ormin.?	and that death occurred on the date stated above, at 113%, m, The CAUSE OF DEATH* was as follows: Acule Provelities
par (b) busi	Trade, profession, or Farm Saloser ticular kind of work. Beneral nature of industry, iness, or establishment in ch employed (or employer)	Contributory Pulmanage Tuberculoses
9 B (S)	RTHPLACE tate or country) Mayland	(Secondary) (Duration) 4 yrs mos ds.
TS	10 NAME OF Joshua Harfield 11 BIRTHPLACE OF FATHER	(Signed) Les. M. Boyer, M. D. Address) Damaseus M.
PAREN	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 900.	16 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos, ds. State yrs. mos. ds
	(Intermant) Frances Warfield	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) R. # 6 MV. airy, Md.	Darraseus Cemelery Feb. 18 1015
	ed	20 UNDERTAKER ADDRESS Bassage ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage. as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tracmla," "Weakness," cause of death approved by Committee on Nomencla. sepsis, tctanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms) ; Mcasles; Whooping cough; Chronical oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



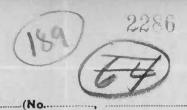
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PERMANENT RECORD

y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE OF DEATH Mary Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 222

St.;....Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Jel 13 L 1913 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D/	ATE OF BIRTH	
	Jel. 24 ,1895° (Month) (Day (Year)	that I last saw h
TAC		and that death occurred on the date stated above, at 11.30 P.m.
	20 yrs // mos 9 ds or min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, profession, or Labour ricular kind of work	No physician alterded.
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrsmos/ds.
9 81	(State or country) Moulg. Bo. Abd.	Secondary (Doration) yrs mos. ds.
10 NAME OF Rollery Washington 11 BIRTHPLACE OF FATHER (State or country) Novel 2: 60: Mod		(Signed) Chas Fargieliars. 760, M. D.
		*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
AR	12 MAIDEN NAME OF MOTHER OF MOTHER	
4	13 BIRTHPLACE OF MOTHER (State or country) Movela Co. 16d	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTITUTI
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) Martha Thashington	If not at place of death? Former or usual residence.
	(Address) Norbeck, Monetz. Co. Mod	
15		Shark Hicel Benclery Febr 16th, 1914
Fil	ed,191REGIATRAR	W. R. Pieufarey, Rockville, Mod.
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meningics, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichac cause of death approved by Committee on Nomenclature of the American Mcdical Association.) "Contributory." scpsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. etc., when a definite discase can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report For vio-



RECORD

PERMANENT

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

E Z

VIIIage or City Browing Folle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.22. St.; Ward) [if death occurred is a hospifal or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH TOLO 6 OND 6 OND	18 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 111
(Month) (Day (Year) 7 AGE If LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indusfry, business, or establishment in	(Ouration) yrs. mos. 7 ds.
which employed (or employer) BIRTHPLACE (State or country) Movilg & Md	Contributory Calcauster head fall une Secondary (Buration) yrs mos des.
OF STATHER Clina Walhins 11 BIRTHPLACE OF FATHER (State or country.) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Nelle Brashure 13 BIRTHPLACE OF MOTHER (State or country) Mong Cr Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs ds. State
(Infermant) Clins rache (Address) Browngame mel	Former or usual residence 19 PLACE OF BYBRALOBREMONALUE DATE OF BURIAL Betherson Community 7 12 , 1915
Filed191	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and Children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. lication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of dcath approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," Never report



)	RECORD	PHYSICIANS of OCCUPA
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	INFADING INK-THIS IS	refully supplied. AGE should hat it may be properly class ertificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. ant. See instructions on back of certificate.

CAUSE OF Important.

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HYSICIANS should state of OCCUPATION is very

2288 1 PLACE OF DEATH County Monleonery Village or City mean Damaseus (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22/

St: Ward)	[If d

leath occurred in a hospital or Institution, give its NAME instead of street and number.

	2 FULL NAME Mrs. Katherine M	allens
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale Phile Single, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Jeby 10, 1915. (Month) (Day) (Year)
_	ATE OF BIRTH Masch 4, 18503 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from 19. 1915, to tely 0, 1915 that I last saw hard alive on Fely 0, 1915
7 A	GE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 2 from m The CAUSE OF DEATH* was as follows:
pa (b) bus whi	Trade, profession, or Housewife General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Maryland 10 NAME OF FATHER Homas Fleming	(Signed) (Duration) yrs. mos. 5 ds (Duration) yrs. mos. 5 ds (Secondary) (Duration) yrs. mos. 22 ds (Signed) (Signed) (Duration) yrs. mos. 22 ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Puttu Lucas	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER MOTHER MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). The Statking	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence
16 FI	(Address M. & C., MW. Wery, Md.,	Paraseus Cenulery Jel. 12 , 1915. 20 UNDERTAKER ADDRESS
4 .	REGISTRAR	13:14. Boromen and Mil and The

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pureresal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowle oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conver" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name origin; "Can State cause for Examples:



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RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	of information should be carefully supplied. AGE should be stated EXACTL DEATH in plain terms, so that it may be properly classified. Exact statem
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Instructions

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in (No..... St.:---Ward) a hospital or Institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DE 4 COLOR OR RACE MARRIED WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which amployed (or amployer) 9 BIRTHPLACE (State or country Contributory..... Secondary 10 NAME OF FATHER/ 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. State _____ grs, ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF BURIAL (Address)... 1 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences. (e. ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; State cause for Ex-



¹ PLACE OF DEATH	2230 STATE OF MARYLAND
2 -1	CERTIFICATE OF DEATH
County Manageraly	Registration Dist. No. 217
Village or City ashtru (No. 2FULL NAME Stormas a.	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole Phile Sincle, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	1/1 1912 to 2/19/ , 1915
	that I last saw h Am alive on 2 / 19 / 1915
7 AGE It LES 1 day, 9 ds. OR	I THE CAUSE OF DEATH * Was as follows:
(a) Trade, protession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary (Duration) yrs mos de
10 NAME OF PATHER Mills XITE	lan (Signed) M. Birl , M. [
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER TO	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Parillon Hilson	Former or usual residence
(Address) 3 601 Centre as Bai	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 2-19- 1915- Chas, Farquela	20 UNDERTAKER ADDRESS
REGISTI	RAR J. W. French Jaunel

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kiud of work aud also (b) cases, especially in industrial employments, it is necapplies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous write None. "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childblrth or miscarrlage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceiis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," (Recommendations on statement of etc.), "Dropsy," "Puerperal scptichae-"Exhaustion," For VIO-



I RLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

of Street and number. I MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day (Year) CERTIFY, That I attended deceased from Seplember 1914, to Frut that I last saw h alive on ... and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Consumption (Duration) vrs. 6 mos / O ds. Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death yrs. mos. State _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN

V. S. No. 1.

Village or City Jun Ecko (No	St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Memed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 16 16 17 16 17 16 17 16 17 17
7 AGE (Tear)	that I last saw h wallve on Feb. 13 1919 and that death occurred on the date stated above, at 10:30 Pm.
a) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows: Double Labor Premiumonia (Duration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 10 RAME OF FATHER	Contributory Secondary (Signed) Contributory Secondary (Boration) (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Wess	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Address) Coash Se	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Full 13, 191
Filed 191 Shuk accurs REGISTRAR If more blanks are needed, address State Regis	20 MNDERTAKER LOS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cuses, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," State cause for For vio-

